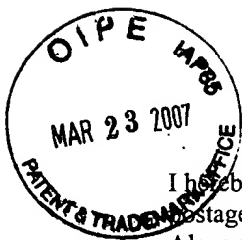


AP  
JF



**CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **March 20, 2007**.

*Esperanza McClure*  
Esperanza McClure

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

SALLBERG, M. et al.

Application No.: 09/466,035

Filing Date: December 17, 1999

Title: COMPOSITIONS AND METHODS FOR  
TREATING INTRACELLULAR  
DISEASES

Examiner: A. Wehbe

Group Art Unit: 1633

Confirmation No.: 9697

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS AND INTERFERENCES**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeal to the Board of Appeals from the decision dated September 22, 2006 of the Primary Examiner finally rejecting claims 1-5, 12, 13 and 26-29. The item(s) checked below are appropriate:

1. ☒ Applicants hereby petition to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated September 22, 2006 for three months from December 22, 2006 to March 22, 2007.
2. ☐ A  month extension of time to respond to the Office Action Made Final dated  was filed on  with payment of a \$ fee.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being made concurrently herewith.

03/23/2007 HGUENA1 00000055 031664 09466035

01 FC:1401 500.00 DA  
02 FC:1253 1020.00 DA

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$ <u>1020.00</u>
<input type="checkbox"/>	Additional Extension of Time		
	Fee for Extension	( <input type="checkbox"/> mo.)	\$ _____
	Less fee paid	( <input type="checkbox"/> mo.)	\$ _____
	Balance of fee due		\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal		\$ <u>500.00</u>
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ <u>1520.00</u>

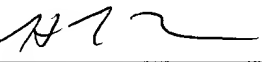
5. The method of payment of the total fees is as follows:

- ☐ A check in the amount of \_\_\_\_\_ is enclosed.
- ☒ Please charge Deposit Account No. 03-1664 in the amount of \$1520.00.

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 03-1664. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

NOVARTIS VACCINES AND DIAGNOSTICS, INC.

By:   
Helen Lee  
Registration No. 39,270  
Tel: (510) 923-2192  
Fax: (510) 655-3542

Emeryville, CA 94662-8097

Date: March 20, 2007